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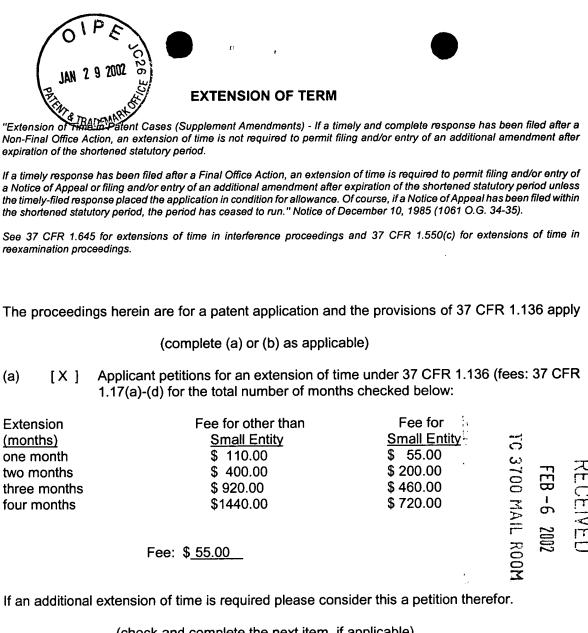
## PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: 09/421,635 JAN 2 9 200 S  Filed: 10/19/1999  For: Hand-Held Instruments that Access Interior Body Regions  Commissioner of Patents and Trademarks Washington, D.C. 20231  AMENDMENT TRANSMITTAL  1. Transmitted herewith is an amendment for this application.  STATUS  2. Applicant is  [X] a small entity - verified statement:  [] attached.  [X] already filed.  [] other than a small entity.  CERTIFICATE OF MAILING (37 CFR 1.8(a)).  I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United State Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner of Patents and Trademarks, Washington, D.C. 20231.  Julie A. Wolf Type or print name of person mailing paper  Julie A. Wolf Type or print name of person mailing paper  Signature of person mailing paper)	In re application of:		n of:	Reiley et al.	OIPE	Group No.: 3731
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(Signature of person mailing paper)					•••••	
	Date: _2	1 January	/ 2002		(Signature of person mailing paper)	

## **FEE FOR CLAIMS**

(Col. 1) (Col. 2) SMALL ENTITY			(Col. 3)	SMALL	SMALL ENTITY		OTHER	OTHER THAN	
CLAIMS REMAINING AFTER AMENDMEN	т	PRE	HEST NO. EVIOUSLY D FOR	PRESENT EXTRA	RATE	ADDL. FEE	OR	RATE	ADDL. FEE
TOTAL *	45	minus *	16 =	29	x 9=	\$ 261.00		x 18 =	\$ <
INDEP.*	3	minus **	3 =	0	x42 =	\$ 0.00		x 84 =	\$ <
[ ] FIRST P	RESENTA	ATION OF M	IULTIPLE DE	P. CLAIM	0+\$140	= \$ 0.00		+\$280 =	\$ <
** If t *** If ti The	the "Highe ne "Highes e "Highes endment "After fi	est No. Previon st No. Previon t No. Previon or the numb	iously Paid for ously Paid For usly Paid For er of claims or action (S	originally filed. 1.113) amendment 37 CFR S 1.116(a)	E is less than 2 E is less than 3 Is the highest of Es may be made I (emphasis a	3, enter "3". number fou de cancellin dded).	nd in the		e box in Col. 1 of a prio g with any requiremen
(c)	[]	No ado	litional fee	(complete ) for claims is r		s аррііса	ible)		
(0)	l J	110 aac	intorial roc		OR				
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				F	EE PAYM!	ENT			
5. [X] Attached is a check in				e sum of \$ <u>31</u> 0	<u>6.00</u> .				
[]	Charg	ge Accou	nt No	the sur	m of \$	<del></del> .			
			,	A duplicate of	this transm	nittal is at	ttache	h	



NOTE:

NOTE:

3.

(a)

If an additional extension of time is required please consider this a petition therefor.

(check and complete the next item, if applicable)

[ ]	therefo	rension for months has already been secured and the fee paid or of \$ is deducted from the total fee due for the total months ension now requested.
	Extens	sion fee due with this request: \$
		OR
(b)	[]	Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## **FEE DEFICIENCY**

NOTE:

If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. [x] If any additional extension and/or fee is required, charge Account No. 06-2360.

AND/OR

[x] If any additional fee for claims is required charge Account No

06-2360.

Reg. No.: 29,243

Daniel D. Ryan

SIGN

TYPE OR PRINT NAME OF ATTORNEY

Tel. No.: (262) 783 - 1300

RYAN KROMHOLZ & MANION, S.C.

P.O. ADDRESS

Post Office Box 26618

Milwaukee, Wisconsin 53226-0618